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- 950 Gender differences in quality of distal vessels: Effect on results of coronary artery bypass grafting ▲**
Lynda L. Mickleborough, MD, Susan Carson, AHT, and Joan Ivanov, PhD, Toronto, Ontario, Canada

Preoperative (angiographic) and intraoperative assessment of vessel quality are compared. Grafting of small diseased vessels provides complete revascularization in men and women. Women are no more likely than men to have vessels less than 1.5 mm and are less likely to have distal disease. Poor vessel quality increases operative risk but does not decrease long-term survival.

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959 Gender-related differences in morbidity and mortality during combined valve and coronary surgery ▲

Mohamed F. Ibrahim, FRCS(C-Th), Domenico Paparella, MD, Joan Ivanov, PhD, Michael R. Buchanan, PhD, and Stephanie J. Brister, MD, Toronto and Hamilton, Ontario, Canada

Gender-related differences in morbidity and mortality are not well understood for combined valve and coronary artery bypass grafting (V/CABG) surgery. We reviewed the results of combined V/CABG at the Toronto General Hospital between January 1990 and October 2000. Female gender was found to be an independent risk factor for combined morbidity and mortality. As with isolated CABG, women undergoing combined procedures had more premorbid conditions, were more often in heart failure, had an equal incidence of triple vessel disease but received fewer grafts than men, and, therefore, were more frequently incompletely revascularized.

965 Risk factors for atherosclerosis and the degeneration of pericardial valves after aortic valve replacement ■

Georg Nollert, MD, Jessica Miksch, MD, Eckart Kreuzer, MD, and Bruno Reichart, MD, Munich, Germany

Recent studies have suggested an atherosclerotic cause of aortic stenosis. We hypothesized that risk factors for atherosclerosis might also be involved in the degeneration of pericardial heart valves and lead to reoperation as a result of structural valve failure, especially in younger patients with high degeneration rates. In 1984 and 1985, 161 patients received Hancock extracorporeal pericardial aortic valves at age 54 ± 11 years. Reoperations were associated with smoking, diabetes mellitus, female sex, and cholesterol and triglyceride levels in patients younger than 57 years of age. Lowering of triglyceride and cholesterol levels, smoking cessation, and patient selection might be new concepts to avoid degeneration of bioprostheses in younger patients.

969 Hypercholesterolemia is a risk factor for bioprosthetic valve calcification and explantation ■

Robert Saeid Farivar, MD, PhD, and Lawrence H. Cohn, MD, Boston, Mass

A retrospective cohort analysis was used to determine whether cholesterol levels might be linked to bioprosthetic valvular calcification. Case-control analysis documented that patients with explanted tissue valves had higher mean serum cholesterol levels than matched valve recipients who had equivalent survivals. The odds ratio for valve explantation was 3.9 times that for patients with cholesterol levels of greater than 200 mg/dL.

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